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ABSTRACT

There is a widely held clinical contention that people use similar coping strategies in facing life-threatening situations as they do in dealing with general life quandries. To examine this hypothesis, male cancer patients (N=74), male heart disease patients (N=77), elderly persons (N=73), male patients with nonlife-threatening illnesses or disabilities (N=72), and normal healthy males (N=78) provided confrontation, acceptance/resignation, and avoidance coping responses to various life-threat, hypothetical stress, and recent actual nonlife-threatening situations. The results showed little indication that persons respond to life-threat situations (cancer, heart disease, old age) in the same way that they react to more common life tribulations. This finding is supported by the similar coping responses noted between reactions to both hypothetical and actual life situations of a nonlife-threat character and by the correspondence of coping manifested by the nonlife-threatened patients in their responses to general hypothetical stress conditions and to recent actual life problems. In addition, as in the case of the seriously ill patients and the elderly, healthy persons projecting serious illness and old age offered coping responses that were not related to those they indicated in dealing with nonlife-threatening situations, either hypothetically or in real life. A major conclusion suggested by these findings is that coping adaptation to stress cannot be meaningfully understood without reference to the level of threat. (Author/NRB)

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Coping with Life-Threat and General Life Conflict:

Two Diverse Beasts

Abstract

This study empirically examined the widely held clinical contention that people use similar coping strategies in facing life-threatening conditions as they do in dealing with general life quandries. Cancer and heart disease patients, elderly persons, and two comparison groups provided confrontation, acceptance/resignation, and avoidance coping responses to various life-threat, hypothetical stress, and recent actual nonlife-threatening situations. Results showed little indication that persons respond to life-threat situations in the same way they react to more common life tribulations. A major conclusion is that coping adaptation to stress cannot be meaningfully understood without reference to level of threat.

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Coping with Life-Threat and General Life Conflict:

Two Diverse Beasts

First index term: 2 Clinical (Theory and
treatment implications)

Second index term: 16.3 Health Psychology/treatment

Statement of Problem

Clinical wisdom, to a large extent, has it that people cope with or respond to threat with a given set of personality characteristics or predispositions whatever the nature of the stressor. The perspective is that persons develop a modal style of grappling with life strains which transcends situational context (Menninger, 1963; Vaillant, 1977). Lipowski (1970), for example, postulates that coping with illness and disability mirrors the patient's habitual mode of dealing with threatening and novel situations. The assumption is that the coping mode employed by a person in a life-threat situation is but an extreme of that used during healthier days.

This outlook that there is a general pattern of reacting to undesirable life events, however, has been challenged by recent findings suggesting that people react with considerable variability across differing life crises (Ilfeld, 1980; Pearlin & Schooler, 1978; Silver & Wortman, 1980). Indeed, Folkman & Lazarus

(1980) state that substantial regularity of coping across situations is doubtful and that "consistency of the coping process has never been addressed systematically in research, but has been in the main assumed" (p. 221). A number of investigators have also hypothesized that proximity to a death stress situation, because of its unique qualitative nature, will bring forth coping modes different from those used in wrestling with more normative life-stress inducing problems e.g., competition, parenting, etc. (Feifel & Nagy, 1984; Gabbard, Twenlow, & Jones, 1981).

In this frame, the present study examined empirically the widely held clinical contention that people use similar coping strategies or modes in facing life-threatening conditions as they do in wrestling with general life quandries. The presumption investigated was that there would be a significant difference in the coping modes used in these two conditions, rather than one of "like" coping distinguished only by a more intensified or extreme use in the case of the life-threat stressor.

Cancer and heart disease patients were compared on coping with their prevailing life-threat situations and with hypothetical situations reflecting common life conflicts. A category of elderly persons was also included in this context based on the reasoning of several theorists that the elderly become subject to a

life-threat stress because of their inevitable confrontation with oncoming personal death, e.g., Eisdorfer & Wilkie, 1977; Feifel, 1965; Jacques, 1955). Two comparison groups provided supplementary coping information: persons in medical treatment for a nonlife-threatening illness, and normal healthy subjects projecting their coping behavior into inferred situations of serious illness and old age. In addition, information on coping responses to recent actual nonlife-threatening situations, as well as to the posed hypothetical stress situations, were obtained for the elderly and normal healthy groups. Finally, a range of coping modes was assessed rather than the more frequently reported single coping dimension.

Method

Subjects

Two samples consisted of men in life-threatening conditions: men under age 65 with cancer diagnoses (e.g., lymphoma, colon, or lung carcinoma) receiving chemotherapy, radiation, or active maintenance treatment for their malignancy ($n = 74$); and men under age 65 who had experienced a myocardial infarction within three months of the interview ($n = 77$). Another sample comprised elderly persons, aged 65 or older in acceptable health but aware of nearing personal death ($n = 73$). Two comparison groups were also obtained. One consisted of men under age 65 in treatment for a

nonlife-threatening illness or disability (NLT) such as rheumatoid arthritis, orthopedic low-back problem, or a dermatologic ailment ($n = 72$). The other was a normal healthy group of men under age 65 in good health ($n = 78$).

Procedure

Experienced clinicians interviewed and tested the subjects at various Veterans Administration medical centers and ambulatory care clinics in Los Angeles County, a university medical center, a major metropolitan hospital, and at senior citizen centers in Los Angeles and Orange counties.

Subjects completed the interview and testing battery in small groups, averaging 3 to 10 persons per group. Each group session lasted approximately two-and-a-half to three hours.

Measures

Coping with cancer, heart disease, and old age was assessed by sixteen questions which were developed to appraise each of three major coping modes: confrontation, acceptance/resignation, and avoidance (Feifel & Nagy, 1984). Nonlife-threatened patients responded to the sixteen questions in terms of dealing with their current life ailment. In addition, normal healthy subjects were asked how they would cope with the following two projected life-threat conditions: (a) a serious illness from which they could die, and (b) being

65 years of age or older.

Coping with hypothetical stress situations was measured by responses to descriptions of ten hypothetical conflict situations, two in each of five major conflict areas: competition, decision-making, frustration, authority, and independence. Following each conflict situation were statements of ways in which an individual might respond under the circumstances, reflecting confrontation, avoidance, and acceptance-resignation coping modes. Subjects indicated how likely/unlikely they would respond in these ways.

Measures of coping with recent nonlife-threat situations were obtained for the elderly and normal healthy subjects. Each subject was asked to describe five conflict situations he had actually personally experienced--one in each of the same five areas covered by the hypothetical conflict situations, i.e., competition, decision-making, frustration, authority, and independence. After detailing each situation in a brief paragraph, the subject responded to questions about how he actually reacted to and coped with the situation. The questions provided a measure of the subject's relative use of confrontation, acceptance-resignation, and avoidance coping modes.

Coefficient theta, computed from principal component analysis results, assured moderate to high reliability for all coping measures.

Statistical analyses

Pearson product-moment correlations were used to measure the similarity of same-mode coping responses among life-threat, hypothetical stress, and recent nonlife-threat situations. Bonferroni's procedure was used to correct for error risk from computing multiple correlations.

Results

Correlations of same-mode coping responses between hypothetical stress and life-threat situations were, for the most part, not significant. That is, the extent to which a subject responded with a particular coping mode in hypothetical stress situations was not related to how much that coping mode was used in a life-threat situation.

None of the correlations of same-mode coping responses between life-threat and recent nonlife-threat situations were significant at the $p < .05$ level. The data indicate that coping responses to life-threat situations (both actual and projected conditions) and to recent nonlife-threat situations are basically independent.

There were, further, significant relationships between both sets of nonlife-threatening situations (i.e., hypothetical stress and actual recent life situations) in the elderly and normal groups.

Discussion

There is little indication that persons respond to life-threat situations (cancer, heart disease, old age) in the same way that they react to more common life tribulations. This finding is supported by the similar coping responses noted between reactions to both hypothetical and actual life situations of a nonlife-threat character (competition, authority, decision-making, frustration, independence). Further backing for this understanding is the correspondence of coping manifested by the nonlife-threatened patients (dermatologic, arthritic, and orthopedic) in their responses to general hypothetical stress conditions and to recent actual life problems.

In similar vein, as in the case of the seriously ill patients and elderly, healthy persons projecting severe illness and old age offered coping responses that were not related to those they indicated in dealing with nonlife-threatening situations, either hypothetically or in real life. They also anticipated that a life-threat condition would demand a differing coping solution than that asked for by general life predicaments.

It is patent that we must indeed be cautious in accepting the view that coping with a life-threat circumstance is, in essence, but an intensified expression of how we accommodate to more general life trials. People definitely differ in the manner with

which they adjust to life-threat as compared to general life viscissitudes. A major conclusion suggested by the study is that coping adaptation to stress cannot be meaningfully understood without reference to the level of threat. The impact of life-threat in influencing coping behavior is apparently a larger determining factor than heretofore recognized by a number of theorists and practitioners.

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